Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 18

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

<u>A</u> F	or the	2008 calendar year, or tax year beginning $JUL1$, 2008 and ending	<u>JUN 30, 2</u>	<u> 2009</u>	
B c	heck if pplicabl	Please use IRS	D Employer i	dentifica	tion number
	Addre	SS label or CHILDDEN' C WICH ECIDIDAMION INMEDIAMIONA	т.		
	Name chang	type D B		8-16	42982
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/s			
	Termir	Specific Instruct 8615 ROSWELL ROAD			393-9474
	Amene	City or town, state or country, and ZIP + 4	G Gross receipts	\$	11,171,268
	Applic	ATLANTA, GA 30350	H(a) Is this a g	group retu	ırn
	pendii	F Name and address of principal officer LINDA DOZORETZ	for affiliat	es?	Yes X No
		SAME AS C ABOVE	H(b) Are all affil	liates includ	ded? 🔲 Yes 🔲 No
		empt status X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	lf "No," a	ttach a lis	it (see instructions)
<u>J \</u>	<u>Vebsi</u>	e: > WWW.CHILDRENSWISH.ORG	H(c) Group ex		
			$^\prime$ ear of formation: 19	<u>985 м</u> 8	State of legal domicile: G
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities CHILDREN			
Activities & Governance		INTERNATIONAL FULFILLS WISHES FOR SERIOUSLY	AND TERMIN	<u>IALLY</u>	ILL
er		Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its	s assets.	
Š		Number of voting members of the governing body (Part VI, line 1a)	(1VEL)	3	·
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)	101	4	
ies	5		2 2010 9	5	32
Ξį		Total number of volunteers (estimate if necessary)	(7)	6	600
Act	i	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7 X	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	 	7b	0
			Prior Year		Current Year
e	l	Contributions and grants (Part VIII, line 1h)	12,971,9	987.	10,868,993
Revenue	l	Program service revenue (Part VIII, line 2g)			4 254
Be .	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,2		4,374
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,4		150,806
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,128,6		11,024,173.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	2,900,7	<u>/ </u>	2,272,518.
	Į.	Benefits paid to or for members (Part IX, column (A), line 4)	1 272 (110	1 201 202
Expenses	l	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,373,0		1,391,302
ë	l	Professional fundraising fees (Part IX, column (A), line 11e)	6,083,3	34.	1,561,185
Ä		Total fundraising expenses (Part IX, column (D), line 25) 4,773,549.	2 262 3	260	E 705 064
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,362,2		5,795,064
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,719,3		11,020,069
- S		Revenue less expenses Subtract line 18 from line 12	-590,6	T I	4,104.
Assets or Balances		Total coasts (Cost V. line 16)	Beginning of Y		End of Year 2,690,758
Asse	20	Total assets (Part X, line 16)	1,815,0		1,717,608
Net A	l	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	1,074,0		973,150
	<u>22</u> irt 11	Signature Block	1,0/4,0	704.	<u>973,130</u>
		<u> </u>	ents, and to the best of my	knowledge a	and belief, it is true, correct,
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other man officer) is based on all information of which preparer has any knowledge.	edge	, ,	
Sig		MINIA NOLOLLO	121	12/1	0
Her		Signature of officer	Date		
nei	e	LINDA DOZORETZ, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Preparer's Date	Check if		identifying number
Paid		signature Z/12/10	self- employed	(see instru	ictions)
Prep	arer's	Firm's name (or FRANK & COMPANY P.C.	EIN >	1	
Use	Only	self-employed), 1360 BEVERLY ROAD, SUITE 300	LIIV P		
		address, and ZIP+4 MCLEAN, VA 22101	Phone no	▶ 70°	3-821-0702
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)	FIIONE IIC	, - / U	X Yes No
	01 12-1		instructions	/_14	Form 990 (2008
3320		EE SCHEDULE O FOR ORGANIZATION MISSION STATE		ייים אוווא <i>ייי</i>	,
	S	LL COMPOSITOR OF THE STATE OF THE STATE	THE COULT	LITOMI.	- · · · · · · · · · · · · · · · · · · ·

Form	990 (2008) CHILDREN'S WISH FOUNDATION INTERNATIONAL 58-1642982 Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
	CHILDREN'S WISH FOUNDATION INTERNATIONAL FULFILLS WISHES FOR SERIOUSLY
	AND TERMINALLY ILL CHILDREN AROUND THE WORLD. SINCE CWFI'S INCEPTION
	IN 1985, THE FOUNDATION HAS CREATED THOUSANDS OF ONCE IN A LIFETIME
	WISHES AND OPPORTUNITIES FOR THESE CHILDREN, PROVIDING THEM AND THEIR
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(2)
4a	(Code) (Expenses \$ 1,653,851. including grants of \$) (Revenue \$)
	CHILDREN'S WISHES - ALL EXPENSES INCURRED TO FULFILL THE WISHES OF
	SERIOUSLY ILL CHILDREN AND THEIR FAMILIES. THIS IS A ONCE IN A LIFETIME
	EXPERIENCE FOR A CHILD FACING THE MOST DEVASTATING CIRCUMSTANCES,
	THEREFORE CARE IS TAKEN TO ENSURE THAT THE QUALITY OF EACH WISH FAR
	EXCEEDS THE EXPECTATIONS OF THE CHILD.
4b	(Code:) (Expenses \$ 3,365,165. including grants of \$) (Revenue \$
	FAMILY SERVICES - ALL EXPENSES INCURRED TO ASSIST FAMILIES AND PROGRAMS
	IN ORDER TO PROMOTE A MORE POSITIVE ENVIRONMENT FOR SERIOUSLY ILL
	CHILDREN WHILE THEY ARE RECEIVING TREATMENT. THE HOSPITAL ENRICHMENT
	PROGRAM PROVIDES EDUCATIONAL AND ENTERTAINMENT MATERIALS TO HOSPITALS
	AND HEALTHCARE FACILITIES AROUND THE WORLD. THE CELEBRATION OF LIFE
	PROGRAMS BRING MAGIC TO CHILDREN THROUGHOUT THE YEAR. ALSO, ALL
	EXPENSES INCURRED TO ENCOURAGE THE GENERAL PUBLIC TO PARTICIPATE IN THE
	FOUNDATION'S MISSION.
	100131112011 0 1110012011
4c	(Code) (Expenses \$ 103,942 • including grants of \$) (Revenue \$)
-1 U	EDUCATION/PUBLIC AWARENESS - ALL EXPENSES INCURRED TO EDUCATE THE
	GENERAL PUBLIC ABOUT THE NEEDS AND WISHES OF SERIOUSLY ILL CHILDREN.
	THIS EDUCATES THE PUBLIC ABOUT WAYS THEY CAN SUPPORT THE SERIOUSLY ILL
	CHILDREN IN THEIR COMMUNITY AS WELL AS HELPING CHILDREN FEEL SUPPORTED,
	LOVED AND CARED FOR.
4d	Other program services (Describe in Schedule O)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5,122,958. (Must equal Part IX, Line 25, column (B).)

832002 12-18-08

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	,		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	202	<u>X</u> _
		Form	9 90 (2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b	Х	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
		Form	aan /	JOUG.

Tall Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of U.S. Information Returns Enter O- if not applicable be first the number of Forms W2G included in line 1a. Enter-O- if not applicable be first the number of Forms W2G included in line 1a. Enter-O- if not applicable common with the page of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with making with or within the year covered by this return for the responsible gamining (gambling) within the way are covered by this return. Find of or the calendary ware androg with or within the year covered by this return. Find the page of the page					Yes	No						
U.S. Information Returns Enter 0- if not applicable Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 32 Britar than unber of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 32 Did the organization have unreliested business gross income of \$1,000 or more during the year covered by this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 34 Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country № INITIED KINGDOM See the instructions for exceptions and filing requirements for form TD F 902 21, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction? b if "Yes," did the organization shelt with the very solicitation an express statement that such contributions or grifts were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? b if "Yes," and the organization include with every solicitation an express statement that such contributions or grifts were not tax deducti	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of				110						
b Enter the number of Forms W-20 included in line 1a. Enter-0- if not applicable 1b		· · · · · · · · · · · · · · · · · · ·	1a 8			ĺ						
gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 29 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 20 If a late act one is reported on time 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 33 Did the organization shave unrelated for the properties of the properti	ь					1						
gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 29 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 20 If a late act one is reported on time 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 33 Did the organization shave unrelated for the properties of the properti	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			1						
hiled for the calendar year ending with or within the year covered by this return If it least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of t		-		1c		X						
b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country: \(\)		filed for the calendar year ending with or within the year covered by this return	2a 32			1						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	<u> </u>						
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (such as a bank account.) See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8885-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," to question 5a or 5b, did the organization file Form 8885-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," did the organization solict any contributions that were not tax deductible? 6d Did the organization shal may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization shal may receive deductible contributions under section 170(c). a Did the organization in ontify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year benefit contract? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d X 7e Torm torbutions of qualified intellectual property, did the organization file Form 8999 as required? 7e Did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintain		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	nstructions)			1						
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		X						
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country ** UNITED KINGDOM** See the instructions for exceptions and filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts Saw than organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to question 5a or 5b, did the organization file Form 8886T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, peap premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7t	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b								
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. N/A Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter N/A Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Bif "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b												
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excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	ion 509(a)(3)									
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Initiation 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	ganization, have									
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		excess business holdings at any time during the year?		8		<u> </u>						
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.										
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	а	Did the organization make any taxable distributions under section 4966?		9 <u>a</u>		<u> </u>						
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	10	· · · · · · ·	1			l						
11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	b		10b			1						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	11	1 11 1	1			ĺ						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	b					į						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		·		46		l						
				12a		\vdash						
	b	in res, enter the amount of tax-exempt interest received or accrued during the year N/A	120	Form	gan /	(2000)						

58-1642982

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ļ		
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	8a	X.	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		į	_
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ou. 🕨		
	THE ORGANIZATION - (770) 393-9474			
	P.O. BOX 28785, ATLANTA, GA 30358			
32000 2-18-) D8	Form	990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons

(A)	(B)				(C)			(D)	(E)	(F)	
Name and Title	Average hours	6	Position (check all the				Ινλ	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ARTHUR J. STEIN PRESIDENT & CEO	40.00	x		х		,		215,081.	0.	4,669	
ED CARMICHEL	10.00	-	\vdash		\vdash	 		21370011	<u></u>	1,005	
CHAIRMAN	1.00	x				l		0.	0.	0	
PAUL GATTI			<u> </u>			ļ		•			
DIRECTOR	1.00	x						0.	0.	0	
RON HERMAN											
DIRECTOR	1.00	X				<u> </u>		0.	0.	0	
JOHN EAGLESON											
DIRECTOR	1.00	X	_			<u> </u>	L	0.	0.	0	
SCOTT EISENBERG								_	_	_	
DIRECTOR	1.00	X	 	L	ļ		ļ	0.	0.	0	
CHERESA SPRALLING	4 00										
DIRECTOR	1.00	X	┝		┢			0.	0.	0	
LINDA DOZORETZ	40.00			٦,				100 666	0	2 220	
EXECUTIVE DIRECTOR, SEC/	40.00	\vdash	╂	X	┝	-		180,666.	0.	3,229	
SUSAN SPRAGUE CHIEF FINANCIAL OFFICER	40.00			x				69,003.	0.	26,838	
THE PINANCIAL OFFICER	40.00			Α				05,005.		20,030	
											
	_										
			_	_		_					
		_									

Form **990** (2008)

Form **990** (2008)

Part	VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd	High	est	Compensated Employ	ees (continued)				
	(A) (B) (C)								(D)	(E)	(F			
	Name and title	Average	1		Posi				Reportable	Reportable		Es	tımat	ed
		hours	(cl	heck	all ·	that	app	ly)	compensation	compensation			nount	
		per week	ector			}			from the	from related organizations			other pensa	
		WCCK	ā	2		ł	ated		organization	(W-2/1099-MIS			om th	
			ustee	trust		8	ubens		(W-2/1099-MISC)			org	anızat	tion
			Individual trustee or director	Institutional trustee		m Se	st col	5					d relat	
			Indiv	Instit	Officer	Key employee	Highest compensated employee	Бегл				orga	ınızatı	IOHS
		 	 	┢╌	-	╁	\vdash				+			
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			-	┝	_	⊢	╁							
46.		1	1	<u> </u>		<u> </u>		L	464,750.	<u> </u>	0.	- 3	1 7	36.
	Total Total number of individuals (including thos	e in 1a) who re		ed n	nore	tha	n \$1	ഹ			<u>v.•</u> 1		*	<u> </u>
	compensation from the organization	e in Taj Wilo le	CGIV	eu II	1016	uia	штфт	υυ,	OOO III TEPOITADIO		•			2
	somponsation nom the organization						•						Yes	No
3	Did the organization list any former office	. director or tru	stee	. ke	v en	olan	vee.	or I	highest compensated en	nplovee on				
	line 1a? If "Yes," complete Schedule J for	•		,	,		,,	•	g			3		x
	For any individual listed on line 1a, is the s			qmc	ensa	atioi	n and	d ot	her compensation from	the organization				
;	and related organizations greater than \$15	50,000? <i>If "Yes,</i>	" со	mple	ete S	Sch	edule	J	for such individual	•		4	X	
	Did any person listed on line 1a receive or									ices rendered to				
1	the organization? If "Yes," complete Sche	dule J for such	pers	on					· - · · · ·	<u>-</u>		5		<u> </u>
Secti	on B. Independent Contractors													
1 (Complete this table for your five highest c	ompensated in	depe	ende	nt c	ont	racto	rs 1	that received more than	\$100,000 of comp	ensat	ion f	rom	
	the organization.								<u>.</u>					
	(A)								(B)		_	(C	•	
	Name and busines							_	Description of s	ervices	Cor	mper	nsatio	'n
	ITAGE PUBLISHING, 240		001	D Z	\VI	EN	UE,							
	TE 500, SHERWOOD, AR								TELEMARKETIN	<u>G</u>	1,	<u>91</u>	<u>2,1</u>	<u> 26.</u>
	ICLE DONATION PROCESS													
	MROSE AVENUE, MONROVI		VEHICLE PROC	ESSING		<u> 22</u>	8,6	<u>55.</u>						
NAE			404	_					GBD177.CB			22	, -	<i>c</i> 4
	BOX 8076, GALESBURG					<u> </u>		-	SERVICE FEE			44	4,5	<u>64.</u>
	NK & COMPANY, PC., 13		KL)	r t	KO2	нIJ	•		A CCOTINITE NO			11	<i>,</i> 7	69.
SUT,	TE 300, MCLEAN, VA 22	TUT							ACCOUNTING			TT.	u. /	0 7 .

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

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from the organization

		Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 512 513, or 514
and other similar amounts	1 a	Federated campaigns	1a	 				
οn		Membership dues	1b					İ
ä		Fundraising events	1c					
Ē		Related organizations	1d		i			İ
sin		Government grants (contribut						
her	T	All other contributions, gifts, gran similar amounts not included abo		868993.	:			
to to				301654.	1			
auc		Noncash contributions included in lines Total. Add lines 1a-1f	3 1a-1f \$	501054.	10868993.			
		Total. Add lines 1a-11		Business Code	10000773.			
	2 a		T	business Code				
				-				
Revenue							<u> </u>	-
) Ve								
بقر	e							
		All other program service reve	enue				<u>-</u>	
		Total, Add lines 2a-2f	_	•				
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)	•		19,216.			19,21
	4	Income from investment of ta	x-exempt bond pr	oceeds				
	5	Royalties		•	116,210.			116,21
1		•	(ı) Real	(ii) Personal				
ŀ	6 a	Gross Rents						
İ	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
-		assets other than inventory	131,994.					
	b	Less cost or other basis						
		and sales expenses	146,836.					
	С	Gain or (loss)	-14,842.					
1		Net gain or (loss)	г	<u> </u>	-14,842.	-14,842.		-
<u>.</u>	8 a	Gross income from fundraisin						
5		including \$						
omer nevenue		contributions reported on line	1c). See					
<u>5</u>		Part IV, line 18	a	<u>5,683.</u>				
5		Less. direct expenses	b	259.	5 404	5 404		
		Net income or (loss) from fund			5,424.	5,424.		
	9 a	Gross income from gaming ad	ctivities. See					
1		Part IV, line 19	a .					
		Less direct expenses	b L					
		Net income or (loss) from gan	T T	P				
1	ıv a	Gross sales of inventory, less						
	_	and allowances	a					
		Less cost of goods sold Net income or (loss) from sale	b L					
\vdash				Business Code				
-		Miscellaneous Revenu	10	900099	29,172.	29,172.		
י ן		OTHER		200033	47,114.	43,114.		+
	b		——— 					
	G	All other revenue		-				
- 1	a	All other revenue	L		29,172.			
	_	Total, Add lines 11a-11d		_	ו כיניו בסכי	ı,		I

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

<u> </u>	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	2,260,861.	2,260,861.		
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	11,657.	11,657.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	613,089.	410,769.	196,189.	6,131.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	515,711.	345,526.	165,028.	5,157
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	50,543.	33,865.	16,173.	505
9	Other employee benefits	134,879.	90,369.	43,161.	1,349.
10	Payroll taxes	77,080.	51,643.	24,666.	771.
11	Fees for services (non-employees)				
а	Management				
b	Legal	232,423.		232,423.	
С	Accounting	131,468.		131,468.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1,561,185.			1,561,185
f	Investment management fees				··
g	Other	3,219,234.	1,424,136.	85,200.	1,709,898.
12	Advertising and promotion				
13	Office expenses	212,468.	142,353.	67,991.	2,124.
14	Information technology	44,664.	29,925.	14,292.	447.
15	Royalties				
16	Occupancy	139,634.	93,555.	44,683.	1,396.
17	Travel	16,807.	11,261.	5,378.	168.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,127.	1,424.	682.	21.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	135,743.	90,948.	43,438.	1,357.
23	Insurance		· · ·		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		1		
а	TENTE TO DOME TO ST	1,154,020.			1,154,020.
b	POSTAGE	147,986.	11,232.		136,754.
c	PRINTING	132,613.	10,065.		122,548.
d	DIDDOM WATE DUDDINGES	74,063.	5,621.	0.	68,442.
e	PUBLIC RELATIONS	61,836.	41,430.	19,788.	618.
f	All other expenses	89,978.	56,318.	33,002.	658.
25	Total functional expenses Add lines 1 through 24f	11,020,069.	5,122,958.	1,123,562.	4,773,549.
26	Joint Costs. Check here ► X if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		4,805,717.	1,445,275.		

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Form 990 (2008)

Pa	rť X	Balance Sheet								
			(A) Beginning of year	(B) End of year						
	1	Cash - non-interest-bearing	223,223. 1	333,171						
	2	Savings and temporary cash investments	116,760. 2	144,167						
	3	Pledges and grants receivable, net	434,470. з	159,713						
	4	Accounts receivable, net	113,180. 4	83,727						
	5	Receivables from current and former officers, directors, trustees, key]							
		employees, or other related parties. Complete Part II of Schedule L	5							
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
		Part II of Schedule L	6							
sts	7	Notes and loans receivable, net	7							
Assets	8	Inventories for sale or use	230,439. 8	468,360.						
•	9	Prepaid expenses and deferred charges	208,611. 9	58,547						
	l	Land, buildings, and equipment cost basis 10a 2,321,440.								
	Ь	Less. accumulated depreciation Complete	002 710	000 001						
		Part VI of Schedule D 10b 1,422,559.	903,718. 10c	898,881.						
	11	Investments - publicly traded securities	637,131. 11	525,268						
	12	Investments - other securities. See Part IV, line 11	12	· -· · · · · · · · · · · · · · · · · ·						
	13	Investments - program-related. See Part IV, line 11	13							
	14 15	Intangible assets Other assets. See Part IV, line 11	21,533. 15	18,924.						
	16	Total assets, Add lines 1 through 15 (must equal line 34)	2,889,065. 16	2,690,758						
	17	Accounts payable and accrued expenses	480,079. 17	414,640						
	18	Grants payable	18	414,040						
	19	Deferred revenue	19							
	20	Tax-exempt bond liabilities	20							
Ω	21	Escrow account liability Complete Part IV of Schedule D	21							
Liabilıties	22	Payables to current and former officers, directors, trustees, key employees,								
abi		highest compensated employees, and disqualified persons. Complete Part II								
=		of Schedule L	22							
	23	Secured mortgages and notes payable to unrelated third parties	1,334,982. 23	1,302,968.						
	24	Unsecured notes and loans payable	24							
	25	Other liabilities. Complete Part X of Schedule D	25							
	26	Total liabilities. Add lines 17 through 25	1,815,061. 26	1,717,608.						
		Organizations that follow SFAS 117, check here X and complete								
es		lines 27 through 29, and lines 33 and 34.		540 505						
auc	27	Unrestricted net assets	550,293. 27	<u>719,797.</u>						
Ba	28	Temporanly restricted net assets	523,711. 28	253,353.						
Net Assets or Fund Balances	29	Permanently restricted net assets	29							
Ę		Organizations that do not follow SFAS 117, check here and								
Ş	20	complete lines 30 through 34. Capital stock or trust principal, or current funds	20							
se	30 31	Paid-in or capital surplus, or land, building, or equipment fund	30							
۲	32	Retained earnings, endowment, accumulated income, or other funds	32							
Ž	33	Total net assets or fund balances	1,074,004. 33	973,150.						
	34	Total liabilities and net assets/fund balances	2,889,065.34	2,690,758						
Pa	t XI	Financial Statements and Reporting	2700370031 01	270307730						
				Yes No						
1	Acco	ounting method used to prepare the Form 990. Cash X Accrual	Other							
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
b	b Were the organization's financial statements audited by an independent accountant?									
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
		w, or compilation of its financial statements and selection of an independent acco		2c X						
За	As a	result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Single Audi							
	Act a	ind OMB Circular A-133?		3a X						
h	If "Ve	es " did the organization undergo the required audit or audits?		2h						

832011 12-18-08

Form **990** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

			M 2 MISH LOC							-1044	<u> 904</u>		
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) (see ins	tructions)					
The organ	nization is not a	a private foundation	because it is (Please ch	neck only o	ne organi	zation.)							
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).					
2	A school des	scribed in section 17	70(b)(1)(A)(II). (Attach So	chedule E)									
з 🗔	A hospital or	a cooperative hospi	ital service organization	described	n section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)				
4 🗀	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170)(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ne,	
	city, and stat	te											
5 🗔	An organizat	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describe	d in			
	=)(b)(1)(A)(iv). (Compl	-	•	·	•							
6			ent or governmental uni	it describe	d in sectio	n 170/h)/	1γαγν						
7 🗓			eives a substantial part					or from the	general n	ublic dasc	nhed i	n	
, ,		(b)(1)(A)(vi). (Comple		or no oup,	7011 II 0111 U	govornin	ornar armi ()	gonorai p	40.10 4000	iibca i	••	
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II \								
9 🗔	-		eives: (1) more than 33	-		rom contr	ibilitions n	nomboroby	n food on	d aroon ro	annta	from	
9	-	•	• •							•	•		
		•	nctions - subject to cert	•	•					•			
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)												
40 🖂			·	at for publ	io oofotii (Pan anati	F00/-V	4) /aaa ina	tm intinua)				
10	-	-	perated exclusively to te	•	-			•	•		£		
11 📖	-	-	perated exclusively for the		-					•		Oi	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that												
	describes the type of supporting organization and complete lines 11e through 11h. a Type I												
	a Type		- 71			-	_		لـــا d			_	
e	•	•	at the organization is not		•		•		•			.n	
_		_	than one or more publicl		-				9(a)(1) or s	ection 509	(a)(2)		
f	_		tten determination from	the IHS th	atitisa iy	ре і, турє	ıı, or ıyp	e III					
		rganization, check th							_				
g	_		organization accepted a			•		• •					
		-	lirectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (i	ii) below,		Yes	No	
	_	- ·	upported organization?							11g(i)			
		•	n described in (i) above?							11g(ii)			
		· ·	person described in (i)	• •						11g(iii)			
h	Provide the f	following information	about the organizations	s the organ	iization suj	pports.							
		1				1		1	· ·				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) Is organization	the	(vii) Am	ount o	f	
org	anızatıon		(described on lines 1-9		sted in your document?		tion in col.	I (i) organiz	ed in the L	sup	port		
			above or IRC section				r support?	Ü.S.					
			(see instructions))	Yes	No	Yes	No	Yes	No				
				<u> </u>		<u> </u>			<u> </u>				
	_					L.	1						
Total													
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008	

schedule A (Form 990 or 990 EZ) 2008 CHILDREN'S WISH FOUNDATION INTERNATIONAL58-1642982 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (a) 2004 (c) 2006 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 (d) 2007 (e) 2008 1 Gifts, grants, contributions, and membership fees received (Do not 15051926. 13408928. 12982153. 12971987. 10874417. 65289411. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 15051926.13408928.12982153.12971987.10874417.65289411. Total. Add lines 1 - 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 65289411. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total .15051926.|13408928.|12982153.|12971987.|10874417.|65289411 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 15,936 26,668 54,420 43,199 19,216 159,439. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 141,379. 245,736. 246,746. 113.437. 145.382. 892,680. assets (Explain in Part IV.) 66341530. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.41 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 98.50 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for O Section A. Public Support	rganizations	Described in 3	Section 509(a	(Complete only	if you checked the bo	x on line 9 of Part I
	4-> 0004	(L) 000E	(-) 000G	(-N 0007	(-) 0000	(D Tatal
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received (Do not)						
include any "unusual grants.")						
· · · · · ·		-	·			
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		 				
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513		<u> </u>	 			
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf		ļ				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business				-	-	
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)		" 				
13 Total support (Add times 9, 10c, 11, and 12)	Alba ana ana ana ana	l first seemed them			- 501(-)(2)	-4
14 First five years. If the Form 990 is for	the organization	s first, second, thin	a, tourth, or tilth to	ax year as a sectio	in 50 ((c)(3) organiz	ation,
check this box and stop here	a Support De	roontogo			· · · · · · · · · · · · · · · · · · ·	
Section C. Computation of Publi					T T	
15 Public support percentage for 2008 (lii	• • • • • • • • • • • • • • • • • • • •	=	olumn (f))		15	9
16 Public support percentage from 2007			_		16	
Section D. Computation of Inves			40		I.= I	
17 Investment income percentage for 200			e 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2008. If the	•					7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization quali	fies as a publicly :	supported organiza	ation	▶∟_
b 33 1/3% support tests - 2007. If the	organization did i	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
line 18 is not more than 33 1/3%, chec	ck this box and s	t op here. The orga	nization qualifies	as a publicly supp	orted organization	▶⊑
20 Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check ti	his box and see ins	structions	▶□
				Sch	edule A (Form 990	or 990-EZ) 200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

<u> </u>		UNDATION INTERNATION	
Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor or other impermissible pr	nvate benefit? Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	` '``*'	storically important land area
	Protection of natural habitat	Preservation of certifi	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a con	servation easement on the last day
_	of the tax year.	orvation contribution in the form of a con-	servation casement on the last day
	of the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
C	Number of conservation easements included in (c) acquired a	• •	2d
d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the taxable
4	year ▶ Number of states where property subject to conservation eas	nament is legated	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	nd
3	enforcement of the conservation easements it holds?	iodic monitoring, inspection, violations, a	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, at	nd enforcing essements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
J	and section 170(h)(4)(B)(ii)?	o dation, the requirements of decitor fre	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization	,	
	conservation easements.		g.
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	•	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o	·	
	these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	3	> \$
b	Assets included in Form 990, Part X		\$
	· ·		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 CHILDREI	N'S WISH F	OUNDA	TION	INTERN	ATIO	NAL	58-16	42982	2 Page	2
Par	t III Organizations Maintaining C										
3	Using the organization's accession and other	records, check any	of the fo	llowing tha	at are a signif	cant us	e of its co	ellection ite	ms (chec	k all	
	that apply).										
а	Public exhibition	d	, 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research	e	, 🔲 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exe	empt purp	ose in Par	t XIV		
5	During the year, did the organization solicit or	r receive donations	of art, his	torical trea	sures, or oth	er sımıla	ır assets				
	to be sold to raise funds rather than to be ma								Yes		lo
Par	t IV Trust, Escrow and Custodial	Arrangements	. Comple	te if organ	zation answe	ered "Ye	s" to For	m 990, Pai	t IV, line 9	, or	_
	reported an amount on Form 990, Par	t X, line 21	•				•				
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	ns or other as	sets no	t included				
	on Form 990, Part X?								Yes		lo
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able.							
	•		_						Amount		
С	Beginning balance						1c				_
d	Additions during the year						1d				
e	Distributions during the year						1e				_
f	Ending balance						1f				
	Did the organization include an amount on Fo	orm 990. Part X. line	21?				<u> </u>		Yes		10
	If "Yes," explain the arrangement in Part XIV	,,									
Par		organization answe	ered "Yes	" to Form 9	990, Part IV, I	line 10					_
		(a) Current year		or year	(c) Two year		(d) Three	years back	(e) Four	years bac	 k
1a	Beginning of year balance										
b	Contributions										_
c	Investment earnings or losses							· · · · · · · · · · · · · · · · · · ·			_
d	Grants or scholarships	· · ·									
e	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	 as		ł						
ъ a	Board designated or quasi-endowment	ond balance note	%								
b	Permanent endowment	%	— ′°								
c											
_	Are there endowment funds not in the posses	· -	ation that	are held a	ind administe	ered for t	the organ	ization			
-	by	oolon or the organiz					o organi	Lation	Γ	Yes N	<u> </u>
	(i) unrelated organizations								3a(i)	100 10	<u> </u>
	(ii) related organizations								3a(ii)		_
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	nn Schedi	ıle R?					3b		_
4	Describe in Part XIV the intended uses of the	·									_
Par					. Part X. line	10					_
	Description of investment	(a) Cost or o	T		or other		Depreciati	on	(d) Book	value	_
	2000/101/01/11/001/11/01	basis (investr		· ·	(other)	(0) -	- op. oo.a	···	(4, 555		
	Land	1			5,000.				169	5,000	<u> </u>
b	Buildings	· ,			5,786.		735,3	58.		,428	
c	Leasehold improvements	·-			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					. ,	<u> </u>
d	Equipment			<u>4</u> 1	0,445.		306,8	67	103	3,578	-
_		_			0,209.		380,3			875	
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colu	ımn (B). lı		-,			—		8,881	

Schedule D (Form 990) 2008

(a) I legatingion of convirty or cotogogy	See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
nancial derivatives and other financial products		
psely-held equity interests		
ner		
,		· · · · · · · · · · · · · · · · · · ·
al. (Col (b) should equal Form 990, Part X, col (B) line 12.)		
art VIII Investments - Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
	a) Description	(b) Book value
		1
· · · · · · · · · · · · · · · · · · ·		
		>
Part X Other Liabilities. See Form 990, Part	X, line 25	mount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	who unt
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	whount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	mount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	wount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	mount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	unount
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	wmount
otal. (Column (b) should equal Form 990, Part X, col (B Part X Other Liabilities. See Form 990, Part (a) Description of liability deral income taxes	X, line 25	Amount
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	vmount
(a) Description of liability	X, line 25	vmount
art X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25 (b) /	wount

Schedule D (Form 990) 2008

832053 12-23-08

Sche	dule D (Form 990) 2008	CHILDREN'S WISH				<u> 58-</u>	1642982	Page 4
Par	rt XI Reconciliation of	Change in Net Assets	from Form 990 to	Financi	ial Statements			
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1		11,024	
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)			2		11,020	,069.
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3		4	,104.
4	Net unrealized gains (losses) of	on investments			4			<u>,113.</u>
5	Donated services and use of f	acılıtıes			5			
6	Investment expenses				6			
7	Prior period adjustments				7		<u></u>	
8	Other (Describe in Part XIV)				8			<u>,845.</u>
9	Total adjustments (net) Add in	nes 4-8			9			<u>,958.</u>
10	Excess or (deficit) for the year	per financial statements. Cor	mbine lines 3 and 9		10			<u>,854.</u>
Par	rt XII ∣ Reconciliation of	Revenue per Audited	Financial Stateme	nts Witl	n Revenue per l	Retur		
1	Total revenue, gains, and other	er support per audited financia	al statements			1	10,919	<u>,215.</u>
2	Amounts included on line 1 but	ut not on Form 990, Part VIII, I	line 12.					
а	Net unrealized gains on invest	ments		2a	-86,113	•		
b	Donated services and use of f	acılıtıes		2b				
С	Recoveries of prior year grant	S		2c				
d	Other (Describe in Part XIV)	•		2d	<u>-18,845</u>	•		
е	Add lines 2a through 2d					2e		<u>,958.</u>
3	Subtract line 2e from line 1					3	11,024	<u>,173.</u>
4	Amounts included on Form 99	00, Part VIII, line 12, but not or	n line 1.	1 1				
а	Investment expenses not incli	uded on Form 990, Part VIII, II	ne 7b	4a				
b	Other (Describe in Part XIV)			4b		_		_
С	Add lines 4a and 4b					4c		0.
5	Total revenue Add lines 3 and				. =	_5_	11,024	<u>.173.</u>
Pai	rt XIII Reconciliation of	· · · · · · · · · · · · · · · · · · ·	•	ents Wi	tn Expenses pe	r Ketu		
1	Total expenses and losses pe					1	11,020	<u>,069.</u>
2	Amounts included on line 1 bi	·	ne 25	1 1				
а	Donated services and use of t	acılıtıes		2a		-		
b	Prior year adjustments			2b		-		
С	Losses reported on Form 990	, Part IX, line 25		2c		-		
d	Other (Describe in Part XIV)			2d		-		^
_	Add lines 2a through 2d					2e	11 000	0.0
3	Subtract line 2e from line 1	00 D-11V I - 05 I 1	1			3	11,020	,009.
4	Amounts included on Form 99			1.1				
	Investment expenses not incli	aded on Form 990, Part VIII, II	ne /b	4a		-		
	Other (Describe in Part XIV)			4b		┥╻┆		0
_	Add lines 4a and 4b	nd 4 - /This should savel Com	000 Dark Line 10)			4c 5	11,020	0.
5 Par	Total expenses. Add lines 3 airt XIV Supplemental Inf		11 990, Part 1, IIII 16 16)				11,040	,003.
			lines 2 5 and 0 Doct III	L bass 1s	and 4: Dort IV lines	1b and	Oh Dort V line	4: Dort
	plete this part to provide the de irt XI, line 8, Part XII, lines 2d ar	·		i, iines ra	and 4, Part IV, lines	rb and	20, Part V, IIIIe	4, Pan
	HEDULE D, PART X	_		7AT.IIR	OF CHARTE	ART.F	שפוופיי	
<u>5C1</u>	EDOLE D, FART A	T, DINE O. CHA	MED IN THE	VALUE	OF CHARTIA	מענ	IRODI.	
								
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						Schar	tule D (Form 9	90) 2008

832054 12-23-08

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization

Employer identification number

Ceneral Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 14b. 1	CHILDREN'S WI	SH FOUNDAT	ION INTE	RNATIONAL	58-164298	32
For grantmakers, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantsess' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers, Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)	Part I General In	formation on A	ctivities Out	tside the United States. Comp		
grantees' eligibility for the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F1 (Form 990) if additional space is needed.) (b) Number of (c) (c) Number of (d) Activities conducted in region (b) typo) (e) 1, fundraising, program services, grants to recipients located in the region) 2 FORGRAM SERVICES DRGANIZATION 11 657						
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of offices in the region of in the region in the region of service) (e) Number of employees or agents in region of service) (e) It activity listed in (d) is a program service, describe specific type of service) of service) (e) It activity listed in (d) is a program service, describe specific type of service) (e) it activity listed in (d) is a program service, describe specific type of service) in region (by type) (e) It undraising, program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT activity listed in (d) is a program service, describe specific type of service) (e) IT ac	-				grants or assistance, the	l., 🗀.,
(a) Region (b) Number of offices in the region in the region of the region of the region in the region of the region in the region in the region of the region in the region in the region of the region in the region of the region in the region in the region of the regi	grantees' eligibility fo	or the grants or assi	stance, and the	selection criteria used to award the gr	rants or assistance?	Yes No
(a) Region (b) Number of offices in the region offices in the region (by type) (e., fundraising, program service, describe specificitype of service(s) in region (by type) (e., fundraising, program service, describe specificitype of service(s) in region (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions to provide Assistance to the program service) (contributions) (con	-				grant funds outside the United Sta	ates.
In the region agents in region services, grants to recipients located in the region of service(s) in region contributions to provide Assistance to the Assis		(b) Number of	(c) Number of	(d) Activities conducted in region		
EUROPE 0 0 PROGRAM SERVICES ORGANIZATION 11.657			agents in	program services, grants to	describe specific type	•
EUROPE 0 0 PROGRAM SERVICES ORGANIZATION 11 657					CONTRIBUTIONS TO PROVIDE	
					ASSISTANCE TO THE	
Totals	EUROPE	0	0	PROGRAM SERVICES	ORGANIZATION	11,657.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008		I Damamus de David	Ain An Nistr	and the Instructions for Farm 200	Cabadat- F	11 657

832071 12-18-08

(i) Method of valuation (book, FMV, appraisal, other) Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 58-1642982 cash disbursement (f) Manner of CHILDREN'S WISH FOUNDATION INTERNATIONAL of cash grant 11,657 (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. PROVIDE ASSISTANCE TO (d) Purpose of CONTRIBUTIONS TO THE ORGANIZATION grant Use Schedule F-1 (Form 990) if additional space is needed (c) Region EUROPE (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2008 (a) Name of organization

Page 2

Schedule F (Form 990) 2008

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a

Enter total number of other organizations or entities

က

section 501(c)(3) equivalency letter

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Page 3

58-1642982

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2008

Use Schedule F-1 (Form 990) if additional space is needed

			<u> </u>	<u> </u>	1	
(h) Method of valuation (book, FMV, appraisal, other)	FMV					
(g) Description of non-cash assistance						
(f) Amount of non-cash assistance	0					
(e) Manner of cash disbursement	НЕСК					
(d) Amount of cash grant	11.657,CHECK					
(c) Number of recipients	1					
	EUROPE					
(a) Type of grant or assistance (b) Region	CONTRIBUTIONS TO PROVIDE ASSISTANCE TO THE ORGANIZATION					

Schedule F (Form 990) 2008

Schedule F (For	n 990) 2	2008 C	HILDE	<u>REN'S</u>	WIS	H FO	UNDAT	<u>ION</u>	<u>INTERNA</u>	TION	AL	<u>58-1642982</u>	Page 4
Part·IV Su	pplen	nental In	format	tion								_	
Coi	mplete t	his part to	provide 1	the inforr	nation re	quired b	y Part I, Iır	ne 2, an	d any other ad	ditional ir	nformation	on.	
										·			
SCHEDULE	F,	PART :	I, L	INE 2	: CH	ILDR	EN'S	WISH	FOUNDA	TION	_INTE	ERNATIONAL	
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MONITORS	ALL	GRAN'	TS AN	ND AS	SIST	ANCE	TO O'	THER	ORGANI	ZATIO	ONS.		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization				Employer identification number
	EN'S WISH FOUNDATIO			58-1642982
Part I Fundraising Activities	S- Complete if the organization answer	ered "Yes" t	o Form 990, Part IV, line 1	7.
Indicate whether the organization rai X Mail solicitations Email solicitations X Phone solicitations d In-person solicitations	e Solicitat f Solicitat g X Special	tion of non-g tion of gove fundraising	government grants rnment grants events	
b If "Yes," list the ten highest paid inc	Part VII) or entity in connection with p	rofessional uant to agre	fundraising services? eements under which the f	X Yes No
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	from activity	Amount paid or retained by) fundraiser ited in col. (i) (vi) Amount paid to (or retained by) organization
	L	Yes No		
THE HERITAGE COMPANY	TELEMARKETING	X	6,673,809.4,	482,795.2,191,014.
VEHICLE DONATION PROCESSING CENTER	VEHICLE PROCESSING	X	1,620,975.1,	392,320. 228,655.
				
				
Total	>		8,294,784.5,	875,115.2,419,669.
3 List all states in which the organizati ALL STATES	on is registered or licensed to solicit to .	funds or has	s been notified it is exemp	t from registration or licensing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Charitable contributions Gross revenue (line 1 minus line 2) Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Direct expense summary. Add lines 4 through 7 in column (d) Net income summary. Combine lines 3 and 8 in column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/Instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Schedule G (Form 990 or 990-EZ) 2008

CHILDREN'S WISH FOUNDATION INTERNATIONAD8-1642982 Page 2

Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 CHILDREN'S WISH FOUNDATION INTERNATIONAL	<u> 58-16429</u>	82_P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%_		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and reco	ords.		Ì
		ļ	
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15.	a	
1 16 IIV. II a standard and a standa			
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou	nt		
of gaming revenue retained by the third party > \$	·		
c If "Yes," enter name and address:			
Name ▶		ł	
Name			
Address >			
16 Gaming manager information.			
Name ▶			ļ
Gaming manager compensation > \$!		
Description of services provided			
Director/officer Employee Independent contractor	i		
- w	1		
17 Mandatory distributions.			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17	а	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I								OMB No 1545-0047	`
(Form 990)			Grants and Governn	ants and Other Assistance to Organizatio Governments, and Individuals in the U.S.	rants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	ທົ		2008	
Department of the Treasury Internal Revenue Service		► Comp	► Complete if the organizatio	n answered "Yes," on F ► Attach to Form 990.	," on Form 990, P. m 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.		Open to Public Inspection	•
Name of the organization	tion CHILDREN'S	WISH	FOUNDATION IN	INTERNATIONAL	AL		<u> </u>	Employer identification number 58 – 1642982	2 kg
Part General Is	General Information on Grants and Assistance	d Assistance							
1 Does the organı.	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the selectiv		
criteria used to	criteria used to award the grants or assistance? Decembe in Doct 17 the occanization's procedures for monitoring the use of grant funds in the Hotel Citates	tance?	town to ear out conver	etal Ledt a stock	Ototos			X Yes	Š
## = Te	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990. Part IV line 21, for any	Sovernments and	Organizations in the	Unide in the Office	omplete if the org	Y" parawered "Y	es" on Form 990 Part I	V line 21 for any	
٦	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000 Check this	box if no one recipien	t received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if additional	I space is needed	Γ
1 (a) Name and a or go	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
	Enter total number of section 501(c)(3) and government organizations	d government or	ganizations					•	
_	Enter total number of other organizations							•	1
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	800

CHILDREN'S WISH FOUNDATION INTERNATIONAL

Page 2

58-1642982

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2008

Part III Grants and Oth

(e) Method of valuation (b) Description of non-cash assistance (book, FMV, appraisal, other)			al information	DATION	WISH		3 TAKEN	3 TAKEN DF	s taken DF DIRECTOR FOR EACH	S TAKEN DE DIRECTOR FOR EACH REQUEST	S TAKEN DE DIRECTOR FOR EACH REQUEST WIED TO	TAKEN DIRECTOR FOR EACH REQUEST WIED TO
cash grant cash assistance			I Ition required in Part I, line 2, and any other additional	OF CHILDREN'S WISH	;	A.	ARE COMPLETED	SE C	RE C TO TO	ZE C TO TO PRC	AE COLOR TO TO GE GE GE	ARE COMPLETED, WISHES ARE MEDICAL CONDITIONS BEING OF THE PROGRAM SERVICE SH PROCEEDS, ALL EXPENSES THARGE BEING MADE, A CHECK INTRECTOR AND IS THEN PRESENT HEFORE GOING TO THE CFO FOR
(d) 1) your grant or assistance (b) runner or recipients				I, PART I, LINE 2: AT THE OFF		WISHES ARE RECEIVED AND	PERNATIONAL, WISHES ARE RECEIVED A	FIONAL, WISHES ARE RECEIVED A SOARD FOR APPROVAL WHEN ALL F SST COME, FIRST SERVE BASIS, CONSTDERATION, WISHES ARE DR	TERNATIONAL, WISHES ARE RECEIVED A TIEW BOARD FOR APPROVAL WHEN ALL F A FIRST COME, FIRST SERVE BASIS, MARY CONSIDERATION. WISHES ARE PR O OVERSEES THE IMPLEMENTATION AS I	ENNATIONAL, WISHES ARE RECEIVED A EW BOARD FOR APPROVAL WHEN ALL P FIRST COME, FIRST SERVE BASIS, IARY CONSIDERATION. WISHES ARE PR OVERSEES THE IMPLEMENTATION AS T I MUST BE APPROVED IN ADVANCE OF	EM BOARD FOR APPROVAL WHEN ALL PETERST COME, FIRST SERVE BASIS, IARY CONSIDERATION. WISHES ARE PROVERSEES THE IMPLEMENTATION AS THE MUST BE APPROVED IN ADVANCE OF	SENATIONAL, WISHES ARE RECEIVED A SEM BOARD FOR APPROVAL WHEN ALL F TARY COME, FIRST SERVE BASIS, OVERSEES THE IMPLEMENTATION AS T I MUST BE APPROVED IN ADVANCE OF THE APPROVED BY THE PROGRAM SERV EXECUTIVE DIRECTOR FOR FINAL APP
				orovide the information required in Part I, line 2, and any other additional information	provide the information required in Part I, line 2, and any other additional information THE OFFICES OF CHILDREN'S WISH FOUNDATION	prowde the information required in Part I, line 2, and any other additional information THE OFFICES OF CHILDREN'S WISH FOUNDATION VED AND PRESENTED TO AN INDEPENDENT WISH	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information IEDULE I, PART I, LINE 2: AT THE OFFICES OF CHILDREN'S WISH FOUNDATION PERNATIONAL, WISHES ARE RECEIVED AND PRESENTED TO AN INDEPENDENT WISH IEW BOARD FOR APPROVAL WHEN ALL PAPERS ARE COMPLETED. WISHES ARE TAKEN	HIM Supplemental Information, Complete this part to provide the information required in Part Ine 2, and any other additional information FERNATIONAL, WISHES ARE RECEIVED AND PRESENTED TO AN INDEPENDENT WISH FIEW BOARD FOR APPROVAL WHEN ALL PAPERS ARE COMPLETED, WISHES ARE TAKEN A FIRST COME, FIRST SERVE BASIS, WITH MEDICAL CONDITIONS BEING OF WARY CONSTIDERANTON, WISHES ARE DEFERMED TO THE PROCESSAM SERVICE DIPERTOR	Supplemental Information. Complete this part to proude the information required in Part Ine 2, and any other additional information EDULE I, PART I, LINE 2: AT THE OFFICES OF CHILDREN'S WISH FOUNDATION ENNATIONAL, WISHES ARE RECEIVED AND PRESENTED TO AN INDEPENDENT WISH EW BOARD FOR APPROVAL WHEN ALL PAPERS ARE COMPLETED, WISHES ARE TAKEN PERST COME, FIRST SERVE BASIS, WITH MEDICAL CONDITIONS BEING OF GARY CONSIDERATION. WISHES ARE PRESENTED TO THE PROGRAM SERVICE DIRECTOR	Supplemental Information, Complete this part to provide the information required in Part I, the part to provide the information required in Part I, the part I, the operiods of childness is vish foundation. Supplemental Information, Complete this part to provide the information required in Part I, the part I, the operiods of childness is vish foundation. Supplemental II	V Supplemental information. Complete this part to provide the information required in Part inee 2 and sary other additional information. IDULE I, PART I, LINE 2: AT THE OFFICES OF CHILDREN'S WISH FOUNDATION RNATIONAL, WISHES ARE RECEIVED AND PRESENTED TO AN INDEPENDENT WISH EW BOARD FOR APPROVAL WHEN ALL PAPERS ARE COMPLETED. WISHES ARE TAKEN I. FIRST COME, FIRST SERVE BASIS, WITH MEDICAL CONDITIONS BEING OF GARY CONSIDERATION. WISHES ARE PRESENTED TO THE PROGRAM SERVICE DIRECTOR OVERSEES THE IMPLEMENTATION AS THE WISH PROCEEDS. ALL EXPENSES FOR EACH I MUST BE APPROVED IN ADVANCE OF THE CHARGE BEING MADE. A CHECK REQUEST 1. BE APPROVED BY THE PROGRAM SERVICE DIRECTOR AND IS THEN PRESENTED TO	V Supplemental Information. Complete this part to provide the information required in Part I in Elsar a transported to Part In Elsar I in Elsar

SEE PART IV FOR COLUMNS (A) AND (F) DESCRIPTIONS

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

CHILDREN'S WISH FOUNDATION INTERNATIONAL

Employer identification number 58-1642982

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If here the second should be a second of the			
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
_	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	_		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
•				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.			
т э	Receive a severance payment or change of control payment?	4a		X
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ü	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	Too to any or miss as o, not the persons and provide the applicable amounts for each term in a artific			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes," to line 5a or 5b, describe in Part III.	•		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_ X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	192,726.		22,355.	36,87	10,753.	262,708.	
ARTHUR J. STEIN	3	- 1		0			0,	•
	€	160,81	0	19,847.	33,80	15,6/6.	230,142.	ľ
LINDA DOZORETZ		0	0	0	0	0	0	0
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							Schedul	Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

> To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Description of transaction (b) Description of transaction (c) Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Form Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Organal principal amount (d) Balance due (e) in (f) Approved by board or committee? To From Yes No Yes No Yes No Y	Name of t	he organization <i>C</i> ਮ	TLDREN'	S WTS	H FOID	ΝΟΤΨΑΠΚ	TNTE	RNATT	NAT.		mployer 58 – 16			ıumber
(a) Name of disqualified person (b) Description of transaction (c) Corrected? Yes No Corrected? Yes No No No No No No No No	Part I										<u>, </u>	1 270	<u>u.</u>	
(a) Name of interested person (b) Description of transaction Yes No Yes No Part III Coans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. Part III Coans to and/or From Interested Persons. To be completed by organizations (b) Loan to or from (b) Dand or the organization of t		To be completed by	y organization	s that ans	wered "Yes	" on Form 99	0, Part IV,	line 25a or	25b, or F	orm 99	0-EZ, Pa	rt V, line	40b	
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person (b) Relationship between interested person and the organization of transculor interested person and the organization of the organization of the organization of the organization of assistance. Part IV Business Transactions Involving Interested Persons. (a) Name of interested person (b) Relationship between interested person and the organization of transaction of transaction of transaction of transaction. (b) Relationship between person and the organization of transaction of transaction. (c) Amount of grant or type of assistance. (d) Description of transaction of transaction. (e) Sharing of organization of transaction. (b) Relationship between interested person and the organization. (d) Description of transaction. (e) Sharing of organization. (f) Person and the organization. (g) Sharing of organization. (h) Relationship between principles of transaction. (g) Sharing of organization.	1	(a) Name of de	squalified per	son			(b) [Description (of transa	ction			(c) Corr	rected?
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person and purpose the organization? To From T	(a) N										(f) App	proved	(a) W	ritten
Total Part III Grants or Assistance Benefiting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization To be completed by organizations Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (a) Name of interested person (b) Relationship between interested (c) Amount of transaction fransaction fran	_,				1 (-) 3		(d) Dais	arico duo						
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(b) relationship between interested person and the organization transaction transaction transaction broad transaction transaction broad transaction transaction broad transact		To be completed by	y organization	s that ans	wered "Yes	s" on Form 99	0, Part IV,	lines 28a, 2	8b, or 2	3c				
SUSAN SPRAGUE FAMILY MEMBER 7,500.INDEPENDENT X	((a) Name of interested	person	(b						, , ,			òrganız	zation's
	CITCAN	CDDACHE		12.7	MITTAL	VEMDED			E00	TATE				
	SUSAN	SPRAGUE		F F	MITTI I	MEMBER			,500	• IINL	<u>EPEN</u>	DEMI		
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

	CHILDREN'S W	ISH FC	UNDATIO	N INTERNAT	IONA:	<u>L</u>	58-	-1642	982	
Pai										
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, I			(d) Method of de reven	etermının	g	
1	Art · Works of art					•-	· · ·	-		
2	Art - Historical treasures	-		···						
3	Art - Fractional interests		1	 						
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles	Х	4,401	1,620,9	975.	FAIR	MARKET	VALU	E	
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests						·			
12	Securities · Miscellaneous									
13	Qualified conservation contribution									
	(historic structures)	ļ								
14	Qualified conservation contribution (other)									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other					-				
18	Collectibles		<u> </u>							
19	Food inventory		-							
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens	-	ļ							
24	Archeological artifacts	37	-	1 (00 /	- 70		103 T D	•		
25	Other (BOOKS, EDUCAT)	X	0	1,680,6	6/9.	MHOTI	SALE			
26	Other ()		<u> </u>							
27	Other ()									
28	Other ()	L dien deren	a the textueer:	for contributions	τ					
29	Number of Forms 8283 received by the organ for which the organization completed Form 82		-		29					
	for which the organization completed Form 82	200, Part IV,	Donee Acknow	weagment	<u> </u>				Yes	No
200	During the year, did the organization receive b	w contribute	on any propert	v reported in Part I. lir	nas 1.28	S that it n	nuet hold for		162	140
SUA	at least three years from the date of the initial									
	the entire holding period?	Continuation	, and winding	not required to be as	CG 101 C	xcmpt p	arposes for	30a		х
h	If "Yes," describe the arrangement in Part II.							004	-	
31	Does the organization have a gift acceptance	policy that r	equires the rev	new of any non-stand	ard con	tribution	ş?	31		x
	Does the organization hire or use third parties	•	•	•			-			<u> </u>
	contributions?	J. 10.000 0	. 3	220.1, p. 20000, 01 30				32a	х	<u> </u>
b	If "Yes," describe in Part II									1
33	If the organization did not report revenues in o	column (c) fo	r a type of pro	perty for which colum	nn (a) is	checked	,			1
	describe in Part II.				_					
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	e, see the Insti	ructions for Form 99	Ю.		Schedule	M (Form	990)	2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

QMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

CHILDREN'S WISH FOUNDATION INTERNATIONAL

Employer identification number 58-1642982

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN AROUND THE WORLD. SINCE CWFI'S INCEPTION IN 1985, THE
FOUNDATION HAS CREATED THOUSANDS OF ONCE IN A LIFETIME WISHES AND
OPPORTUNITIES FOR THESE CHILDREN, PROVIDING THEM AND THEIR FAMILIES
WITH MEMORIES TO CHERISH FOREVER. IN ADDITION, CWFI TOUCHES THE LIVES
OF OVER 350,000 CHILDREN EACH YEAR THROUGH CWFI'S HOSPITAL ENRICHMENT
PROGRAMS. THESE PROGRAMS PLACE EDUCATIONAL AND ENTERTAINMENT MATERIALS
IN CHILDREN'S HOSPITALS AND OTHER FACILITIES INCLUDING COMPUTERS, VCR'S
, LIBRARIES OF SOFTWARE AND VIDEOTAPES, BOOKS AND GAMES, KEEPING THE
CHILDREN ACTIVE, ALERT, AND DIVERTED FROM THE REALITY OF THEIR
HOSPITALIZATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES WITH MEMORIES TO CHERISH FOREVER. IN ADDITION, CWFI TOUCHES
THE LIVES OF OVER 350,000 CHILDREN EACH YEAR THROUGH CWFI'S HOSPITAL
ENRICHMENT PROGRAMS. THESE PROGRAMS PLACE EDUCATIONAL AND ENTERTAINMENT
MATERIALS IN CHILDREN'S HOSPITALS AND OTHER FACILITIES INCLUDING
COMPUTERS, VCR'S, LIBRARIES OF SOFTWARE AND VIDEOTAPES, BOOKS AND
GAMES, KEEPING THE CHILDREN ACTIVE, ALERT, AND DIVERTED FROM THE
REALITY OF THEIR HOSPITALIZATION.
FORM 990, PART VI, SECTION A, LINE 2: THE SPOUSE OF THE FOUNDATION'S
CHIEF FINANCIAL OFFICER IS THE OWNER OF A COMPANY THAT PREFORMS CLEANING
SERVICES FOR THE FOUNDATION. DURING THE FISCAL YEAR ENDED JUNE 30, 2009 THE
FOUNDATION PAID \$7,500 IN FEES TO THIS COMPANY.

SCHEDULE'O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CHILDREN'S WISH FOUNDATION INTERNATIONAL

Employer identification number 58-1642982

CHILDREN'S WISH FOUNDATION INTERNATIONAL 58-1642982
FORM 990, PART VI, SECTION A, LINE 10: FORM 990 AND ALL FINANCIAL REPORTS
ARE SENT TO BOARD MEMBERS PRIOR TO FINAL SIGNATURE AND FILINGS BY EMAIL.
THEY ARE ALSO REVIEWED BY LEGAL COUNSEL.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY -
REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS. ALL PURCHASES
AND PAYMENTS ARE REVIEWED BY MANAGEMENT. EXPENDITURES OVER \$50,000 ARE
SUBMITTED TO THE EXECUTIVE BOARD FOR APPROVAL IN ADVANCE OF THE
TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD REQUESTS A
COMPENSATION STUDY DONE AT LEASE EVERY FIVE YEARS. THIS IS DONE BY AN
INDEPENDENT CONSULTANT. THE STUDY IS THEN PRESENTED TO THE ACCOUNTANT AND
ATTORNEY FOR REVIEW AND THEN SUBMITTED TO THE EXECUTIVE BOARD FOR REVIEW.
THE BOARD DISCUSSES THE STUDY AND HAS A CLOSED DOOR MEETING AND VOTE. THE
OFFICERS AND KEY EMPLOYEES ARE NOT PRESENT DURING THE DISCUSSION AND ARE
LATER PRESENTED WITH THE FINAL DETERMINATION.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AZ,AR,CT,CA,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,ND,NC,OK
OH, PA, OR, SC, RI, UT, TN, WA, VA, WI, WV, CO, TX
FORM 990, PART VI, SECTION C, LINE 18: CHILDREN'S WISH COMPLIES WITH IRC
SECTION 6104 AND MAKES ITS FORM 1023, 990 AND 990-T (IF APPLICABLE)
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON GUIDESTAR.COM.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number Name of the organization CHILDREN'S WISH FOUNDATION INTERNATIONAL 58-1642982 FORM 990, PART VI, SECTION C, LINE 19: CHILDREN'S WISH MAKES ITS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATIONS GOVERNING DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SUSAN SPRAGUE (D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT FORM 990, PAGE 5, PART V, LINE 7H (VENDOR) FILES FORM 1098-C ON FOR ALL VEHICLE VEHICLE DONATION CENTER DONATIONS MADE TO BENEFIT THE ORGANIZATION.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008 . Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions.

CHILDREN'S WISH FOUNDATION INTERNATIONAL

Employer identification number 58-1642982

Identification of Disregarded Entities Part I

(A)	(8)	(c)	(a)		(F)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	:				

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section	(F) Direct controlling entity
CHILDREN'S WISH FOUNDATION INTERNATIONAL - UNITED KINGDOM, 8615 ROSWELL ROAD, ATLANTA, FULFILLING WISHES FOR	FULFILLING WISHES FOR			((a)(a) a a	CHILDREN'S WISH FOUNDATION
GA 30350	TERMINALLY ILL CHILDREN	ENGLAND			INTERNATIONAL
	• 1				
	 				
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	T				
	1				

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Schedule R (Form 990) 2008

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Page 2

Schedule R (Form 990) 2008 CHILDREN'S WISH FOUNDATION INTERNATIONAL

Part III Identification of Related Organizations Taxable as a Partnership

General or managing partner? Percentage ownership Schedule R (Form 990) 2008 Ê Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes £ Share of total income E Share of end-of-year assets g Type of entity (C corp, S corp, or trust) Œ) Share of total income Œ Direct controlling entity Predominant income (related, investment, unrelated) <u>@</u> Legal domicile (state or foreign country) Q 41 Direct controlling entity Primary activity 9 <u>@</u> Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) <u>⊙</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 12-23-08 Part IV

Page 3

J *

Schedule R (Form 990) 2008 CHILDREN'S WISH FOUNDATION INTERNATIONAL

Part V Transactions With Related Organizations

			-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	₽
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
		7		×
		1		×
		2	İ	
f Sale of assets to other organization(s)		*		×
				>
		5	t	4:
h Exchange of assets		£		×
i Lease of facilities, equipment, or other assets to other organization(s)		Ŧ		×
j Lease of facilities, equipment, or other assets from other organization(s)		1,		×
k Performance of services or membership or fundraising solicitations for other organization(s)		*		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		Ē		×
Sharing of paid employees		5		×
o Baimhireamant paid to other prospication for expanses		Ş		×
		5		×
			-	
A Other transfer of cash or property to other organization(s)		\$	T	×
		? ÷		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.	- - 		
	<u> </u>	<u> </u>		
Name of other organization(s)	Transaction type (a-r)	Amount involved	volved	_
(1) CHILDREN'S WISH FOUNDATION INTERNATIONAL - UNITED KINGDOM	В	11	1,657	57.
(2)			ŀ	
(3)				
(4)				
(5)			ľ	
(9)				
832163 12-23-08	Sche	Schedule R (Form 990) 2008	(066	800

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

. . .

990

165,000 165,000 161,000 162,000 162,000 125,		Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
VARIESSI000 16 1255786. 1255786. 735,358. VARIESSI000 16 355,774. 355,774. 355,774. VARIESSI000 16 410,445. 410,445. 242,910. O72408SI000 16 79,367. 79,367. 16,535. 90 PAGE 10 81108Si000 16 5,068. 5,068. 1,478. 2321440. 0.2321440. 1358603. 0.	<u>-</u>	ND CAN	VARIES				165,000.	-		165,000.			0.
OVEMENT VARIESSI .000 16 410,445. 410,445. 242,910. OVEMENT VARIESSI .000 16 79,367. 79,367. 16,535. OT2408SI .000 16 50,000. 50,000 6,548. 90 PAGE 10	<u>-#</u>	JILDING	VARIES	ZÍ	000·	16	1255786.			1255786.	735,358.		53,912
OVEMENT VARIESSI .000 16 410,445. 410,445. 242,910. OVEMENT VARIESSI .000 16 79,367. 79,367. 16,535. O72408SI .000 16 5,068. 5,068. 1,478. 90 PAGE 10 2321440. 1358603. 0.	<u>Ĕ</u>	RNITURE	VARIES	$_{ m SI}$	000.	16	355,774.			355,774.	355,774.		0
PROVEMENT VARIESSI000 16 79,367. 79,367. 16,535. 072408SI000 16 50,000. 50,000. 6,548. 990 PAGE 10 2321440. 0.2321440. 1358603. 0.	- A	UIPMENT	VARIBS			91	410,445.			410,445.	342,910.	**	63,957.
990 PAGE 10 081108SL .000 16 5,068. 5,068. 1,478. 2321440. 0.2321440. 1358603. 0.		AND IMPROVEMENT	VARIES	SI	000.	16	79,367.			79,367.	16,535.		6,614.
990 PAGE 10 081108SL .000 16 5,068. 5,068. 1,478. 2321440. 0. 2321440. 1358603. 0.	<u> </u>	SHICLE	072408	SI	000	16	50,000.			50,000.	6,548.		0
AL 990 PAGE 10 2321440. 1358603. 0.	<u>-</u>	6	081108	ZI	.000	16	5,068.		•	5,068.	1,478.		0
	نق	ral. 990					2321440.	-	0		1358603.	0	124,483.
				1			, <u>.</u>	,					

42.1

58-1642982

Page 4

Schedule R (Form 990) 2008 CHILDREN'S WISH FOUNDATION INTERNATIONAL

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

hat was not a related organization See instructions regarding exclusion for certain investment partnerships	iusion for certain investment parmer						
(A)	(B)	<u>(</u>)	<u> </u>			(0)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
,			Yes No			or Schedule K·1 (Form 1065)	1 -
,							
					-		
					-		
					_		
							-
		•					

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Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 67

► See separate instructions.

Identifying number

	LDREN'S WISH FOUND							58-1642982
Pai					sted property	, complete Part		
	Maximum amount See the instruction	-					1	250,000.
	otal cost of section 179 property plac)			2	000 000
	hreshold cost of section 179 property						3	800,000.
4 F	leduction in limitation. Subtract line 3	from line 2 If zero	or less, ent	er -0-			4	
5 D	ollar limitation for tax year. Subtract line 4 from lin		-0- If married fi				5	
6	(a) Description of p	roperty		(b) Cost (busin	ness use only)	(c) Elected	d cost	
					- · · · · · · · · · · · · · · · · · · ·			
7 L	isted property. Enter the amount fron	n line 29				,		
8 T	otal elected cost of section 179 prop	erty Add amounts	s ın column (c), lines 6 and	7		8	
9 T	entative deduction Enter the smaller	r of line 5 or line 8					9	
10	Carryover of disallowed deduction from	n line 13 of your 2	007 Form 45	62			10	
11 E	Business income limitation. Enter the s	smaller of busines:	s income (no	t less than ze	ro) or line 5		11	
12 5	Section 179 expense deduction Add I	lines 9 and 10, but	t do not ente	r more than li	ne 11		12	
13 (Carryover of disallowed deduction to 2	2009 Add lines 9 a	and 10, less	lıne 12	▶ 13			
Note	: Do not use Part II or Part III below fo	or listed property	Instead, use	Part V.				
Pai	rt II Special Depreciation Allowa	ance and Other D	epreciation	(Do not inclu	de listed pro	perty)		
14 5	special depreciation for qualified prop	erty (other than lis	ted property) placed in se	rvice during t	the tax year	14	
	Property subject to section 168(f)(1) el	• •	, , ,		_		15	
	Other depreciation (including ACRS)						16	124,483.
	rt III MACRS Depreciation (Do no	ot include listed p	roperty.) (Se	e instructions	.)			
		·	-	ection A	•			
17 N	MACRS deductions for assets placed	in service in tax v	ears beginnii	na before 200	8		17	
	you are electing to group any assets placed in se	_	•	•		. ▶ □	7	
10 1	Section B - Assets						ation Syste	
	(a) Classification of property	(b) Month and year placed	(c) Basis for (business/	or depreciation nvestment use	(d) Recover		(f) Method	(g) Depreciation deduction
		in service	only - see	instructions)	ponda		1	
<u>19a</u>	3-year property	_					1 1	
<u>b</u>	5-year property							
С	7-year property						ļ. l	
d	10-year property				ı		L	
е	15-year property							
f_	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27 5 yrs	MM	S/L	
h	Residential rental property	/			27 5 yrs	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 200	8 Tax Year U	sing the Alte	ernative Depre	ciation Sys	tem
20a	Class life		<u> </u>		<u> </u>	<u> </u>	S/L	
<u>202</u> b	12-year	7			12 yrs.	<u> </u>	S/L	
	40-year	, , , , , , , , , , , , , , , , , , , ,			40 yrs.	ММ	S/L	
	rt IV Summary (See instructions.)		<u> </u>		, j.u.	1		
	usted property. Enter amount from lin						21	
	Isted property. Enter amount from line Total. Add amounts from line 12, lines		nee 10 and 2	O in column (a), and has 0:	1	41	
								124,483.
	Enter here and on the appropriate line	-			mons · <u>see in</u>	ou.	22	144,403.
	for assets shown above and placed in	_	e current ye	ar, eriter the				
8 1625	portion of the basis attributable to sec				23	L		Form 4562 (2008)

:	1)	جم ،	`	
	Form	4562	(2008)	

01111 4302	(2000)	CUITTOKEN	O MIDE	I POUNDATIO	<u>ON INTERN</u>	ATTONAL	30-1044964	raye 2
Part V	Listed Property (Inc		, certain othe	r vehicles, cellular t	elephones, certai	n computers, and pr	operty used for enter	taınment
	recreation, or amuse	ment)						

Section	through (c) of A - Depreciation a							mits fo	or passeng	ger autor	nobiles)				_
24a Doy	ou have evidence to	support the bu	ısıness/ınvestm	ent use c	laimed?	Y	es 🗌	No	24b If "Y	<u>'es," ıs t</u>	he evide	nce writ	ten?	Yes	r	No
	(a) be of property vehicles first)	(b) Date placed in service	(c) Business investmen use percenta	t o	(d) Cost or ther basis	Lobus	(e) sis for depr siness/inve use onli	stment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	secti	(i) ected on 17 ost	9
	ial depreciation all more than 50% in	owance for c	qualified listed	<u> </u>	y placed	ın servi	ce durin	g the t	ax year ar	nd	25				031	_
	erty used more tha			ness use	:						20	.1	.	L		_
				%								1				_
				%								 		 		_
			T	%												_
27 Prop	erty used 50% or I	ess in a qual							•							_
			<u> </u>	%					Ī	S/L·		1				
				%	_					S/L -				1		
				%						S/L·]		
28 Add a	amounts in column	n (h), lines 25	through 27.	Enter her	e and o	n line 21	, page 1				28		_			
29 Add :	amounts in columr	ı (ı), lıne 26, E	Enter here and	d on line	7, page	1							29			
				Section	B - Info	rmation	on Use	of Vel	nicles					_		
If you pro	e this section for ve ovided vehicles to y nicles.	your employe	ees, first ansv	ver the qu	uestions	in Secti	b)	see if y	you meet	an exce	otion to	complet				
30 Total I	business/investment	miles driven d	luring the	1	hicle	1 '	hicle	l v	(c) /ehicle	1	d) ncle	1	e) nicle		f) ncle	
	do not include com		iding the	70	incio	70	IIIGIG	 	CITICIC	1 40	iicic	Vei	HOIG	VEI	IICIG	_
	commuting miles		the vear			<u> </u>				†						_
	other personal (no	-	-			1				1						-
drive	•		,,	1												
	miles driven durin	g the vear.										<u> </u>				_
	ines 30 through 32]										
	the vehicle availab		nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N	_
durın	g off-duty hours?	•														_
35 Was	the vehicle used p	rimarily by a	more													
than	5% owner or relate	ed person?				l				<u>. </u>					<u></u>	
36 Is an	other vehicle availa	able for perso	onal													
use?					<u> </u>	i										
	hese questions to		- Questions you meet an		. The second second					•			re not m	ore thai	า 5%	
	r related persons.								1 .1		-			Т.,	Τ	_
	ou maintain a writti	en policy star	ternent that p	roriidits a	ali perso	nai use i	or venici	es, inc	luaing coi	nmuting	, by you	r		Yes	N	<u> </u>
•	oyees?	an naliay ata	tomont that a	robibito i	norganal	use of	, chieles	04000	+					-	1	-
-	ou maintain a writte oyees? See the ins		•	•				•		·	our/					
	ou treat all use of v					ilicers, u	mectors	, UI 170	or more	owners					+	-
•	ou provide more th	-				ınformal	tion from	. VOUE	amplayes	s about				 	+	-
	se of the vehicles,					IIIIOIIIIai		i your i	employee	s about				ŀ		
	ou meet the require					monetra	ation use	2						<u> </u>	\dagger	-
-	: If your answer to								covered ve	hicles					1	-
Part V		0.7007007.	<u> </u>	,	<u> </u>	010 000			,0,0,0,0	. moreo						_
	(a) Description o	f costs	Dat	(b) e amorbzation begins		(c) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or per	tion centage	Ar fo	(f) nortization r this year	_	
42 Amor	tization of costs th	at begins du	iring your 200	8 tax yea	ar:							- 1				
																_
43 Amor	tization of costs th	at began be	fore your 200	8 tax yea	ar							43				
44 Total	. Add amounts in o	column (f) Se	ee the instruc	tions for	where to	report						44				_

816252 11-08-08

Form **4562** (2008)

Form 8	3868 (Rev. 4-2009)			Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x		▶ X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		868.	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	. •		
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies ne	eded).	
Туре	Name of Exempt Organization	Emplo	yer ident	fication number
print	CHILDREN'S WISH FOUNDATION INTERNATIONAL	58	-1642	1982
File by extended due date filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IR	S use only	
return :	See City, town or post office, state, and ZIP code. For a foreign address, see instructions			
<u>X</u>	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	For	m 5227 m 6069	Form 8870
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly filed	Form 886	68.
Te ● Ift	THE ORGANIZATION e books are in the care of P.O. BOX 28785 - ATLANTA, GA 30358 lephone No (770) 393-9474 FAX No. he organization does not have an office or place of business in the United States, check this box			▶ □
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	s is for	the whole	group, check this
box		membe	rs the exte	ension is for.
4	request an additional 3-month extension of time until MAY 15, 2010			
5	For calendar year, or other tax year beginning, and ending, and ending	<u>JUN</u>	<u>30, 2</u>	2009
6	If this tax year is for less than 12 months, check reason: Initial return Final return		hange in a	accounting period
7	State in detail why you need the extension			
	ORGANIZATION IS AWAITING COMPLETION OF ITS FINANCIAL S	TATE	MENT	AUDIT TO
	ENSURE A COMPLETE AND ACCURATE FILING.			
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	_		
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	\$	·
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	8 b	s	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	OU	ъ	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	e	N/A
	Signature and Verification	<u> </u>	Ψ	11/ 22
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, correct, and complete, and that I am authorized to prepare this form.	best of	my knowled	ige and belief,
Signat	7 2 2 2.14	Date I	2,	19/2010
	0 1	Duty	Form	8868 (Rev. 4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

			▶ X			
	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	- 6				
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi		0000			
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously	nied For	m 8868.			
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete				
Part I			▶ □			
	•	n evten	sion of time			
to file i	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ncome tax returns.					
noted (not al you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic respondence on e-file for Charities & Nonprofits.	nically if onsolida	(1) you want the additional ited Form 990-T. Instead,			
Туре		Empl	oyer identification number			
print	CHILDREN'S WISH FOUNDATION INTERNATIONAL	5	8-1642982			
File by t	Number street and room or quite no. If a B O box socialistrations					
due date filing you	764 First Property					
return S instructi	ee Oots Rooman Room					
4661	ATLANTA, GA 30350					
Checl	t type of return to be filed (file a separate application for each return):					
X	Form 990 Form 990-T (corporation) Form	1720				
$\overline{}$	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	5227				
	Form 990-EZ Form 990-T (trust other than above) Form 9	n 6069				
	Form 990-PF Form 1041-A Form 5	3870				
	THE ORGANIZATION					
	e books are in the care of ▶ P.O. BOX 28785 - ATLANTA, GA 30358					
Tel	ephone No. ▶ <u>(770) 393-9474</u> FAX No. ▶					
	ne organization does not have an office or place of business in the United States, check this box		▶ 🗀			
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second s					
box 🕽	If it is for part of the group, check this box and attach a list with the names and EINs of a	ll memb	ers the extension will cover.			
		•				
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time u		_			
	FEBRUARY 15, 2010, to file the exempt organization return for the organization named	above.	The extension			
	is for the organization's return for:					
	calendar year or					
	► X tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u>		_			
	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period			
2						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	· I				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a_	\$			
		3a_	_ \$			
3a b	nonrefundable credits. See instructions.	3a 3b	\$			
3a b	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
3a b	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.		\$			
3a b	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA